

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: METHOD AND DEVICE FOR MEASURING
MULTIPLE PHYSIOLOGICAL PROPERTIES OF
CELLS

Attorney Docket Number:: THI-002

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 8

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Jay

Middle Name:: S.

Family Name:: Teich
Name Suffix::
City of Residence:: Weston
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Street of Mailing Address:: 64 Webster Road
City of Mailing Address:: Weston
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02493

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Andy
Middle Name:: C.
Family Name:: Neilson
Name Suffix::
City of Residence:: Groton
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Street of Mailing Address:: 532 Chicopee Row
City of Mailing Address:: Groton
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01450

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Michael
Middle Name:: R.
Family Name:: Sweeney

Name Suffix::

City of Residence:: Pelham

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 50 Longview Circle

City of Mailing Address:: Pelham

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03076

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Geoff

Middle Name::

Family Name:: Uhl

Name Suffix::

City of Residence:: Cambridge

State or Province of Residence:: MA

Country of Residence:: U.S.A.

Street of Mailing Address:: 61 Aberdeen Avenue

City of Mailing Address:: Cambridge

State or Province of Mailing Address:: MA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 02139

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/502,417	09/10/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: Thermogenic Imaging
City of Mailing Address:: Billerica
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.